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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------------------|---------------------------------------------|----------------------------|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| PATENT APPLICATION FEE DETERMINATION RECORD<br>Effective October 1, 2003                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                    |                                             |                            | Application or Docket Number<br><i>10,656,212</i>                                                |                                                              |
| <b>CLAIMS AS FILED - PART I</b><br>(Column 1) (Column 2)                                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                    |                                             |                            | <b>SMALL ENTITY</b><br>TYPE <input type="checkbox"/> OR <b>OTHER THAN</b><br><b>SMALL ENTITY</b> |                                                              |
| TOTAL CLAIMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                           | <i>10</i>                          |                                             |                            | RATE <input type="checkbox"/> FEE<br>BASIC FEE <i>385.00</i>                                     | RATE <input type="checkbox"/> FEE<br>BASIC FEE <i>770.00</i> |
| FOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                           | NUMBER FILED                       | NUMBER EXTRA                                |                            | XS 9= <input type="checkbox"/>                                                                   | XS18= <input type="checkbox"/>                               |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                           | <i>14</i> minus 20 = *<br><i>*</i> |                                             |                            | X43= <input type="checkbox"/>                                                                    | X86= <input type="checkbox"/>                                |
| INDEPENDENT CLAIMS                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                           | <i>1</i> minus 3 = *<br><i>*</i>   |                                             |                            | +145= <input type="checkbox"/>                                                                   | +290= <input type="checkbox"/>                               |
| MULTIPLE DEPENDENT CLAIM PRESENT <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                                    |                                             |                            | TOTAL <i>515</i>                                                                                 | OR TOTAL <input type="checkbox"/>                            |
| * If the difference in column 1 is less than zero, enter "0" in column 2                                                                                                                                                                                                                                                                                                                                                                                                            |                                           |                                    |                                             |                            |                                                                                                  |                                                              |
| <i>2/2/05</i> <b>CLAIMS AS AMENDED - PART II</b><br>(Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                                                                                                                                                                                                |                                           |                                    |                                             |                            | <b>SMALL ENTITY</b><br>OR <b>OTHER THAN</b><br><b>SMALL ENTITY</b>                               |                                                              |
| <b>AMENDMENT A</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                    | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA           | RATE <input type="checkbox"/> ADDI-<br>TIONAL<br>FEE                                             | RATE <input type="checkbox"/> ADDI-<br>TIONAL<br>FEE         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Total * <i>1</i>                          | Minus                              | <i>** 20</i>                                | = <input type="checkbox"/> | XS 9= <input type="checkbox"/>                                                                   | XS18= <input type="checkbox"/>                               |
| Independent *                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <i>2</i>                                  | Minus                              | <i>*** 3</i>                                | = <input type="checkbox"/> | X43= <input type="checkbox"/>                                                                    | X86= <input type="checkbox"/>                                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                             |                                           |                                    |                                             |                            | +145= <input type="checkbox"/>                                                                   | +290= <input type="checkbox"/>                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                                    |                                             |                            | TOTAL ADDIT. FEE <input type="checkbox"/>                                                        | OR TOTAL ADDIT. FEE <input type="checkbox"/>                 |
| <b>AMENDMENT B</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                    | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA           | RATE <input type="checkbox"/> ADDI-<br>TIONAL<br>FEE                                             | RATE <input type="checkbox"/> ADDI-<br>TIONAL<br>FEE         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Total * <i>1</i>                          | Minus                              | <i>**</i>                                   | = <input type="checkbox"/> | XS 9= <input type="checkbox"/>                                                                   | XS18= <input type="checkbox"/>                               |
| Independent *                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                           | Minus                              | <i>***</i>                                  | = <input type="checkbox"/> | X43= <input type="checkbox"/>                                                                    | X86= <input type="checkbox"/>                                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                             |                                           |                                    |                                             |                            | +145= <input type="checkbox"/>                                                                   | +290= <input type="checkbox"/>                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                                    |                                             |                            | TOTAL ADDIT. FEE <input type="checkbox"/>                                                        | OR TOTAL ADDIT. FEE <input type="checkbox"/>                 |
| <b>AMENDMENT C</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                    | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA           | RATE <input type="checkbox"/> ADDI-<br>TIONAL<br>FEE                                             | RATE <input type="checkbox"/> ADDI-<br>TIONAL<br>FEE         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Total * <i>1</i>                          | Minus                              | <i>**</i>                                   | = <input type="checkbox"/> | XS 9= <input type="checkbox"/>                                                                   | XS18= <input type="checkbox"/>                               |
| Independent *                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                           | Minus                              | <i>***</i>                                  | = <input type="checkbox"/> | X43= <input type="checkbox"/>                                                                    | X86= <input type="checkbox"/>                                |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                             |                                           |                                    |                                             |                            | +145= <input type="checkbox"/>                                                                   | +290= <input type="checkbox"/>                               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                                    |                                             |                            | TOTAL ADDIT. FEE <input type="checkbox"/>                                                        | OR TOTAL ADDIT. FEE <input type="checkbox"/>                 |
| <ul style="list-style-type: none"> <li>* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</li> <li>** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."</li> <li>*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."</li> </ul> <p>The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.</p> |                                           |                                    |                                             |                            |                                                                                                  |                                                              |